LFCR-125790581 Arkansas SERFF Tracking Number: State: Massachusetts Mutual Life Insurance Company State Tracking Number: 40074 Filing Company:

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

LTC4550 Product Name:

Project Name/Number:

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: LTC4550 SERFF Tr Num: LFCR-125790581 State: ArkansasLH TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40074

State Status: Filed-Closed Sub-TOI: LTC03I.001 Qualified Co Tr Num:

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

> Author: Smith Darlene Disposition Date: 10/01/2008 Date Submitted: 08/26/2008 Disposition Status: Filed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:** Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 10/01/2008 State Status Changed: 10/01/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description: Advertising Filing

Company and Contact

Filing Contact Information

(This filing was made by a third party - LCA01)

Karina Amaral, Compliance Analyst 1 karina.amaral@lifecareassurance.com

Advertising

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number:

21600 Oxnard Street (818) 867-2307 [Phone] Woodland Hills, CA 91367 (818) 867-2508[FAX]

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts

Long Term Care Administrative Office Group Code: 435 Company Type:

P.O. Box 4243

Woodland Hills, CA 91365-4243 Group Name: State ID Number:

(818) 867-2450 ext. [Phone] FEIN Number: 04-1590850

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: \$25.00 per form/one form filed

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Massachusetts Mutual Life Insurance Company \$25.00 08/26/2008 22146816

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	10/01/2008	10/01/2008

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number: /

Disposition

Disposition Date: 10/01/2008

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number: /

Item Type Item Name Item Status Public Access

Supporting Document Cover Letter Yes

Form Long Term Care Employer Group Flyer Filed Yes

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number: /

Form Schedule

Lead Form Number: LTC4550

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
Filed	LTC4550	Advertising Long Term Care	Initial		0	LTC4550
		Employer Group				submitted 8-
		Flyer				13-08.pdf

Now available to employees



Long Term Care Insurance

Now available to employees of

(Company name)

at a 10 percent savings!

Massachusetts Mutual Life Insurance Company's SignatureCare® Individual Long Term Care Insurance is fully portable¹ and savings can extend to employees' spouses, parents, grandparents, in-laws and adult children.

For more information, call

Agent name

XXXXXXXXX

(xxx) xxx-xxxx

¹ If a member of the employer/association leaves the group, all applicable discounts and benefits will remain in place.

Coverage provided by Policy Series MM500-P et al. or Policy Series MM-400-P et al. and issued by Massachusetts Mutual Life Insurance Company, Springfield MA 01111-0001. For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact the agent named above or MassMutual at 800-272-2216 (option 4) for a referral to an agent.

The purpose of this material is the solicitation of insurance and an agent may contact you.



We'll help you get there:

Massachusetts Mutual Life Insurance Company

Long Term Care Insurance

LTC4550

Company Tracking Number:

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: LTC4550

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: LTC4550

Project Name/Number:

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter 08/25/2008

Comments: Attachment:

AR cover letter 8-21-08.pdf



August 21, 2008

Harris Shearer Rate and Form Analyst Arkansas Department of Insurance 1200 West Third Street, Little Rock, Arkansas 72201-1904

RE: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC # 65935 Submission of Advertising Materials To Be Used with

Long Term Care Policy Form MM500-P-AR et al.

Informational Filing

LTC4550

Long Term Care Employer Group Flyer

Dear Mr. Shearer,

The enclosed advertising piece is an "invitation to inquire" about Massachusetts Mutual Life Insurance Company's Long-Term Care Insurance product, referenced above.

Please note that your Department **previously approved** this advertising material for use with our **MM-400-P-AR** policy form on **1/31/05**. At this time, we are making an **informational filing** because we would now like to use the exact same form with our **MM500-P-AR** policy form.

Thank you very much for your assistance with this submission. If you have any questions, please do not hesitate to contact me.

Sincerely,

Michael Lewis

Senior Compliance Analyst (800) 366-5463, ext. 2380

Michael.Lewis@LifeCare.Assurance.com

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Attachment